1	(1)		-MOOLIA!	a nacell	ider 8, 2	004	ECOR)	99/	965	968
1	Thec	//Y'_CLAI	MS AS	FILED .	PARTI				4		100
ľ	TOTAL CLAIMS			(Column 1)		(Column 2)		SMALL TYPE	ENTITY	OR S	OTHER TH
⊩	FOR RCE FEE			NUMBER FILED		NUMBER EXTR	RA .	RATE BASIC FE	FEE] [RATE F
Ľ	TOTAL CHARGEABLE CLAIMS			19 minus ==				OMBIO FE	35.0	ORBA	SIC FEE
_	INDEPENDENT CLAIMS			4 minus			-	X\$ 25=		OR X\$50=	
$\overline{}$		PENDENT CL		· ·			- -	X100=	1	OR X	200=
* [f the differe	nce in colum	n 1 is les	s than zero	o, enter "0	" in column 2	- L	+180=		J 1	60≈
		CLAIMS /	AS AMI	ENDED -	PARTI	1		TOTAL	39500	•	TAL
ح ح		CLAIM REMAINI AFTER	S ING		(Column HIGHEST NUMBER	ODEOFA		MALLE	ADDI-	OR SM	HER THAI
THE NORTH IN	Total	AMENDM	ENT		PREVIOUSI PAID FOR	Y EVTO		RATE	TIONAL FEE	FIA.	TE TION
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ŀ	otal idependent	*	Minus	,	PAID FOR	=	X\$:		EE	RATE	TIONAL FEE
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		(Column 1) CLAIMS REMAINING AFTER		H	lumn 2) GHEST JMBER	(Column 3) PRESENT		ADI	·,	ADDIT. FEI	
ol	al	* AMENDMENT	Minus	PAI	VIOUSLY D FOR	EXTRA	RATE		VÁL	RATE	ADDI- TIONAL
	ependent	4	Minus	**		=	X\$ 25	=	OR	X\$50=	FEE
11	IST PRESE	NTATION OF M	ULTIPLE	DEPENDEN	IT CLAIM		X100=		OR	X200=	
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